

2077

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		State <u>ARIZONA</u>		State File No. <u>179</u>	
County <u>Maricopa</u>		Towship _____ or Village _____		Registered No. <u>1117</u>	
City <u>Phoenix</u>		No. <u>1341 East Fillmore St.</u>		St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number)		Length of residence in city or town where death occurred <u>2</u> yrs. _____ mos. _____ ds.		How long in U. S. if foreign birth? _____ yrs. _____ mos. _____ ds.	
2. FULL NAME <u>Laura P. Edwards</u>		How long in State when death occurred? <u>49</u> yrs. _____ mos. _____ ds.		Ward _____	
(a) Residence: No. <u>1341 East Fillmore St.</u>		St. _____		(If non-resident give city or town and State)	
(Usual place of abode)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widowed</u>			
<u>Female</u>	<u>White</u>				
5a. If married, widowed, or divorced					
HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>April 20, 1852</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.	
<u>82</u>	<u>5</u>	<u>4</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>					
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Benton</u> (state or country) <u>Arkansas</u>					
13. NAME <u>Isaac Rice</u>					
14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Arkansas</u>					
15. MAIDEN NAME <u>Ryce</u>					
16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Arkansas</u>					
17. INFORMANT <u>A.R. Edwards</u> (Address) <u>Box 7, Miami, Arizona</u>					
18. PLACE OF EXAMINATION OR REMOVAL					
Place <u>Globe, Arizona</u> Date <u>10/16/1934</u>					
19. UNDERTAKER <u>A.L. Moore and Sons</u> (Address) <u>Phoenix, Arizona</u>					
20. Filed <u>10-22-1934</u> <u>Geo Phoenix</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-16, 1934</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>10-16, 1934</u> , to <u>10-16, 1934</u>					
I last saw <u>her</u> alive <u>2 or 3 mos ago</u> ; death is said to have occurred on the date stated above, at <u>3:15 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Sudden death II. 204</u>					
<u>History of many previous attacks of "indigestion" with heart attacks.</u>					
Other contributory causes of importance: <u>Myocarditis Chronic</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____					
Where did injury occur? _____ (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>L. W. Burtch</u> M. D.					
(Address) <u>506 Prof. Bldg Phoenix</u>					